

SAMPLE PIP NOTICE

From: Supervisor

To: Employee

Subj: NOTICE OF UNACCEPTABLE PERFORMANCE AND OPPORTUNITY
TO IMPROVE

Encl: (1) Performance plan you received on (date)
(2) Medical documentation (5 CFR 339.104)

1. This notice is to inform you that your performance does not meet the Minimally Successful/Fully Successful performance standard for (a critical element) (XXX critical elements) of your position as provided to you in enclosure (1). Specific instances of your unacceptable performance are as follows:

a. Your performance failed to meet the standard for the Minimally Successful/Fully Successful level for the critical element, (List CE), in that (list specific instances of unacceptable performance of this CE):

b. Etc.

c. Etc

2. To help you improve your performance of the above critical element(s), (describe assistance efforts).

3. Your performance will be monitored closely during the next (days) (months) and you will be counseled concerning your performance (specify times of counseling). At the end of this period, your performance will again be evaluated. If your performance of the critical elements cited above continues to fail to meet the Minimally Successful/Fully Successful standard(s), action will be taken to initiate your reassignment, demotion, or removal from employment (if supervisor doesn't have the authority to propose these actions, change to "I will recommend that action be taken to initiate")

4. During this performance improvement period, I will be available to meet with you as necessary to provide guidance or explanation. I expect you to contact me if you feel you need assistance beyond what you receive.

5. If you feel that you have any personal problems which are affecting your ability to meet an acceptable level of performance, you are hereby advised that counseling is available through the Employee Assistance Program. If you wish to arrange for counseling, please contact _____ at _____. It is not necessary that you reveal anything to me regarding your seeking counseling under this program, and I will not be advised of what you might discuss unless you agree to such a disclosure.

6. If you believe that a medical condition may be contributing to your poor performance, you may submit medical documentation to this effect. Enclosure (2) contains the definition of medical documentation as contained in the Code of Federal Regulations, and outlines the points that any such medical report should address. You may provide medical documentation from your own physician, or if you wish I will arrange for an examination by a health care practitioner at the agency's expense/agency physician. If you wish to arrange for such an examination, please let me know within two weeks of your receipt of this letter.

7. If you have any questions concerning this letter or what is expected of you during this improvement period, please contact me right away. Please inform me if there is any assistance not mentioned above that I can offer you in improving your performance.

8. You are asked to acknowledge receipt of (this letter) (two copies of this letter) by signing and dating the record copy on the line indicated.

Receipt of original acknowledged by:

Signature

Date